

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007147

FILED
Apr 30, 2009
Secretary of State

Entity Name: TROPIC ISLES ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 02-0605549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, DONALD
5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRYANT, DONALD
Address: 5145 ORANGE GROVE BLVD.
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: P () Delete
Name: BAKER, MONICA
Address: 512 W. ARCHER PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: DRUDY, WENDY A
Address: 1913 SE 9TH TER
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: DRUDY, WENDY A
Address: 1913 SE 9TH TER
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: BAKER, MONICA
Address: 512 W. ARCHER PKWY
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WHEELER, DALE
Address: 227 NW 12TH LANE
City-St-Zip: CAPE CORAL, FL 33993

Title: VP (X) Change () Addition
Name: BAKER, MONICA
Address: 512 W. ARCHER
City-St-Zip: CAPE CORAL, FL 33904

Title: T (X) Change () Addition
Name: DRUDY, WENDY A
Address: 3119 SE 5TH COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: S (X) Change () Addition
Name: PARHAM, DEBBIE
Address: 228 NW 12TH LANE
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY A. DRUDY

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date